THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. April 1, 1837. No. 1.

Art. I.—CASES OF SEVERE LESION OF THE BRAIN.

The following cases are deeply interesting. They exhibit how much we have still to learn regarding the operations of the encephalon. It is well known, that, according to many eminent physiologists, the seat of the organs concerned in the intellectual and moral manifestations is the periphery of the brain,—that according to some the seat of sensibility is the cerebellum: that of motion the anterior portion of the brain, and especially the part which is seated below the level of the corpus callosum;—that according to others the encephalon is the seat of four distinct impulses, all of which must be accurately balanced to constitute health,—that the seat of the forward impulse is the cerebellum; of the backward, the corpora striata; and of the lateral, the peduncles of the cerebellum;—that, again, a decussation of the medullary fibres takes place at the anterior pyramids of the medulla, so that if extravasation of blood take place into one corpus striatum, for example, loss of power will occur in the opposite half of the body. Yet the two following cases, amongst many, throw difficulties in the way of all these positions, except the last; and, as regards it, equal difficulty is suggested by a case which fell under the care of the editor in conjunction with an intelligent and experienced physician of Baltimore,—Dr. Richard Steuart,—which exhibited, on dissection, an extravasation into one of the corpora striata, without any existence whatever of paralysis prior to dissolution. Yet, that this extravasation had occurred some time before death was satisfactorily shown by the previous history.

Such cases—and we have many of them—sufficiently prove how little we know of the precise functions of the encephalon, and what an extent of observation and comparison of facts is necessary, before we can pronounce, with any thing like certainty, on the subject. The pertinent questions propounded by Dr. Boerstler are easier asked than answered. They may elicit interesting cases and comments from such of our readers as have paid particular attention to the physiology and pathology of the encephalon.

Case of Fatal Disorganisation of the Brain, without corresponding derangement of the intellectual and moral acts. *By* G. W. Boerstler, *of Lancaster, Ohio.*

Lancaster, Ohio, September 3d, 1836.

Dear Sir,—Having leisure, I take the liberty of furnishing you with the facts of a case, which to me are of deep concern, and are not devoid of interest to the physiologist and pathologist. I transcribe from my note book, as follows:—In August, 1833, I was called to see William Miller, a lad about eleven years old; he had just received a kick from a newly shod horse,

which fractured the right superior portion of the os frontis, and the anterior portion of the right parietal bone. During the operation of removing the fractured bones, I found one portion an inch and a half long, of an irregular triangular form, driven into the right anterior lobe of the cerebrum, to the depth of an inch; on removing it, about a table-spoonful of brain was discharged. The piece of bone having its edges serrated, and being driven from before backwards, necessarily produced a very great laceration of the meninges. The common integuments over the fracture were much contused and lacerated, and sloughed in the course of a few days, leaving exposed a very considerable portion of the skull and brain. I moulded to the convexity of the cranium wet pasteboards, and then saturated them with albumen, which, when dry, gave them considerable firmness; these I confined with the double-headed roller. I looked upon these precautionary measures as important, for I feared hernia cerebri; four days gave reality to those fears; hernia came on, but after six days' perseverance I succeeded in preventing any farther protrusion. There was no compression, save by the fractured pieces, which were readily removed. The boy's faculties were not destroyed, but there was some intellectual confusion, from the time of the injury, during the operation, and for two hours after; *from which time he recovered every faculty of the mind, and they continued vigorous for six weeks, and to within one hour of his death, which took place on the forty-third day.* During all this period, there was little *apparent* derangement in any of the organs, except a slight irritative fever, which supervened sixteen days after the injury, and continued to the termination of the case. So slight was this fever, that, in despite of all entreaties, the patient sat up every day, and frequently walked to the window and withdrew the curtain, in order to see the boys play in the streets, in which he took deep interest—frequently laughing at their gambols. Four hours after death, I proceeded to the examination, in the presence of Doctors Edwards, Ohr, and Newcomer. Upon removing the [illegible]nium, the dura mater presented strong marks of inflammation over the entire arch of the head, being deeply injected in parts, and having depositions of coagulable lymph in others. From the antero-inferior angle of the right parietal bone, in a line back to its junction with the occipital, the dura mater was disorganised in three points by ulceration. The space o[illegible]e skull, previously occupied by the right anterior and middle lobes of the cerebrum, presented a *perfect cavity*, the hollow of which was filled with some sero-purulent matter—the lobes having been destroyed by suppuration: the third lobe was much disorganised. The left hemisphere was in a state of *ramollisement* down to the corpus callosum. It was so much softened that the slightest touch would remove portions; and, with the aid of a sponge, I wiped away its substance to near the corpus callosum, when it began to be firmer, but presented more the appearance of a homogeneous mass than of regular organisation. The chiasm of the optic nerves, as well as their entire tract, was so soft as to yield to a slight touch with the handle of the scalpel, and the olfactory were in the same condition. The corpus callosum, thalami nervorum opticorum, and tubercula quadrigemina, presented no pathological condition. The cerebellum and medulla oblongata were in a physiological state. The spinal column was not examined. This boy was remarkably intelligent. In my daily visits I held frequent conversations with him, and in all my observations I could not discover the slightest derangement of his intellectual faculties—no dulness of sensibility, no obtuseness of perception, no impairment of judgment, no want of memory, and, so far as mind is concerned, he gave no evidence of disease. His vision, audition, and voice, were unimpaired.

We here have a case, which presents that portion of the brain from which the nerves arise in a physiological condition, and the general nervous apparatus in a sound state, fit for conveying impressions, whilst the organ, upon which depends perception and the perfection of ideas, is in a great degree lost, and what remains is in a highly pathological condition; yet we have all the manifestations of intellect, as if the encephalon were not required in

those highest functions. His case contradicts the opinion of Sir Charles Bell, that disease of the general surface of the brain is always attended with derangement of the mind; and it is equally opposed to the views of Desmoulins, Gall, Spurzheim, and others, who contend that the seat of intellection is in the periphery of the brain, or its convolutions. In like manner, the opinion of Magendie is contradicted,—that the sense of sight is always destroyed by removal of the cerebral hemispheres; for here the right hemisphere was destroyed, and yet vision was perfect with either eye. Where, I would ask, were the functions of mind executed in this case? Intellection was performed, the moral faculties were exercised, and that portion of the brain, in which we believe those important and complicated actions are generated and perfected, was either gone, or in a highly pathological state. I have given briefly, and I hope clearly, the facts in this case. To you I look for the deductions. I hope I have not trespassed too much on your time, by detailing a case which presents much interest to the physiologist. I am, dear sir, very truly, your friend,

G. W. Boerstler.

Professor Dunglison.

Case of Abscess of the Cerebellum, communicated to the Académie de Médecine, the 27th Sept. 1836, *by* M. Bouvier, *Agrégé, Physician of the Hospitals.*[1]

A man, fifteen years of age, had been subject for a length of time to a discharge from the ear, with deafness and frequent headache. He was suddenly seized with more severe headache in the left side of the head, vomiting, and disorder of mind. His symptoms were indeed so characteristic, that a physician who was consulted pronounced him to be labouring under abscess in the head, and that death was almost certain.

He entered the Hôtel-Dieu on the 15th of September, three weeks after the last exacerbation, when he complained of fixed pain in the head, which frequently caused him to cry out; sensibility, in other respects, obtuse; slow answers; somnolency; face pale; features sunken; look, sad and anxious; a copious purulent discharge from the left ear; deafness of the same side; pulse slightly slower; vomiting; constipation: the movements of the limbs were preserved; an incomplete paralysis of the upper eyelid being alone observed.

These symptoms continued for the following days without any marked aggravation; and it seemed probable that the patient's life might still be prolonged for some time, when, on the 23d of September, after vomiting, accompanied by great agitation and violent outcry, he suddenly fell into a state of complete collapse. Respiration became embarrassed, and he died, eight days after his entrance into the hospital, with symptoms of asphyxia.

On examining the body, there was found, as had been foretold during life, a caries of the petrous portion of the temporal bone, and an abscess in the interior of the cranium. But what was remarkable, the abscess occupied the left hemisphere of the cerebellum, although nothing led to the suspicion that there was any lesion of that organ. There was an extensive cavity, which invaded the two outer thirds of the left lobe of the cerebellum; and which contained several table-spoonfuls of pus, somewhat similar to that of an abscess. The substance forming its parietes was softened and of a livid tint. The meatus auditorius was filled with reddish vegetations.

The caries occupied the base of the pars petrosa only—the labyrinth and auditory nerve were untouched. There was no perceptible communication between the internal abscess and the abscess of the caries. The disease of the bone, however, extended to the dura mater, in two very circumscribed points, at the upper and hind part of the pars petrosa. The dura mater, opposite these points, was deeply coloured; and the coloration extended to its inner surface, where it was in contact with the cerebellum.

The cerebral ventricles were, moreover, greatly distended by a limpid

[1] La Lancette Française, Oct. 1836.

fluid; and the pia mater exhibited a decided injection under the anterior part of the cerebral lobes, chiefly on the left side.

"Two circumstances," says M. Bouvier, "give interest to this case. The first is the almost entire separation, by means of the dura mater,—which was scarcely affected,—between two lesions, one of which must have been the effect of the other; so that it is difficult to explain, merely by continuity of tissue, the transmission of the affection from the ear to the cerebellum.

"The second is the absence of all the symptoms which have been of late regarded as an effect of lesions of the cerebellum,—such as augmentation of the general sensibility, loss of equilibrium, and excitation of the genital organs. Could this peculiarity be owing to the slow development of the affection, or to its not having extended sufficiently far from the side of the medulla oblongata?"

Art. II.—CALCULOUS AFFECTIONS.

The following observations on calculous depositions, and the mode of discriminating them, are from the "British Medical Almanac," for 1836; a publication which might be imitated with much advantage in this country.

In 1776 Scheele examined a stone out of the bladder, and discovered lithic or uric acid. Wollaston, in 1797, described five different kinds of stones; (1) uric acid; (2) phosphate of lime; (3) a mixture of the last salt with phosphate of ammonia and magnesia (*fusible calculus*); (4) pure phosphate of magnesia and lime; and (5) oxalate of lime (*mulberry calculus*). These are the chief concretions found in the bladder: before noticing them, we must say something of amorphous sediments and gravel.

A. Amorphous Sediments may consist (1) of *uric acid*, which is of a yellow or brickdust colour, like the ordinary sediment of cooled urine; (2) *phosphate of lime*, mixed with *phosphate of ammonia and magnesia*, and a considerable quantity of mucus. Received on a filter, this appears like mucus; but on drying, it becomes earthy, pulverulent, and smooth to the touch. Diluted acids take up the earthy salts, leaving behind the mucus. Urine in which such sediments are observed, is always alkaline; containing carbonate of soda and carbonate of ammonia. (3) *The mucus of the bladder*, when in excess, looks something like the preceding sediment, but being without the earthy salts, it becomes of a greenish yellow on drying, and the urine is always acid.

B. Crystalised Deposits, or Gravel. The substances most frequently met with in this form, are (1) acid urate of ammonia in the form of small, shining, red or yellow, pointed, crystalline groups; (2) oxalate of lime (pale yellow or green crystals); (3) phosphate of ammonia and magnesia.

C. Calculi should be divided with a fine saw, and polished by rubbing with water and sawdust. They usually have a nucleus in the centre consisting of one substance, which afterwards alternates with unequal layers of other, and at times, of all the principles of urinary calculi. Many stones consist of the same substance in successive layers. (1) *Uric acid* is the most constant constituent of urinary calculus. The acid is not pure in these stones, but is combined with a colouring matter, which gives them a yellow, almost mahogany, colour. The fusible calculus next in frequency to this is white and chalky in appearance, and is readily dissolved by muriatic acid, while the uric acid calculus is dissolved without developing an ammoniacal odour by caustic potash, from which it is separated by muriatic acid in a gelatinous precipitate, that soon collects into a granular powder. The smallest fragment of uric acid, or urate of ammonia, placed in a watch-glass upon which is a drop of nitric acid, and heated gradually, developes in drying, a beautiful purple colour, the purpurate of ammonia. As too much nitric acid, as well as too strong a heat, destroys the colour, the solution should (according to the recommendation of Jacobson) only be evaporated

over a lamp till it ceases to run, but is not dry, and the watch-glass be reversed over another in which are a few drops of ammonia; by the application of a gentle heat the ammonia rises, and no sooner neutralises the nitric acid than the red colour appears. If, however, a small wax candle be used in these essays instead of a spirit-lamp, and the glass is not blackened, the heat will seldom be found too great. (2) *Urate of soda*, the gout stone, has never been found to constitute entire urinary concretions. (3) *Urate of ammonia* is a constituent part of calculi sometimes met with in children: on adding potash to its solution, ammonia is given off. (4) *Phosphate of lime* very rarely occurs alone, and in the neutral state: its powder dissolves more readily in nitric or muriatic acid than the bone earth. (5) *Phosphate of ammonia and magnesia* is never found quite alone in calculi, but it often makes one of their chief constituents. Such stones are nearly always white; their surface is uneven, and covered with small shining crystals. Their structure is not lamellous, they feel rough, and are easily broken or rubbed to powder; very rarely they are found hard and crystalline. These stones are readily dissolved by acids; from this solution, caustic potash developes ammonia, withdraws phosphoric acid, and leaves behind magnesia undissolved. (6) *Basic phosphate of lime* (*bone-earth*) *and phosphate of ammonia and magnesia mixed*, constitute, next to uric acid, the most common materials of calculi. Their formation supposes that the urine is alkaline, or at least neutral. In these white chalky stones, small shining crystals of phosphate of ammonia and magnesia may often be detected with a magnifying glass. By their ready fusibility before the blow-pipe, they are easily recognised, and were, on that account, called by Dr. Wollaston, *fusible calculi*. (7) *Oxalate of lime* is, apparently, a frequent constituent of calculi, particularly in children. The stones have usually an uneven surface resembling the mulberry; hence their common name of mulberry calculi. Their colour is dark, dark green, or brown. By digesting, muriatic acid dissolves the powder, and, by evaporation, deposits the salt again in the form of small crystals.

Application of the blow-pipe in distinguishing calculi. *The mulberry calculus*, placed in the flame of the blow-pipe, swells, turns black, smells like burnt horn, and after the carbonaceous mass has been exposed to a glow-heat, leaves caustic lime, which slakes in a drop of water, and reddens turmeric paper, without dissolving. *The fusible calculus* turns black, developes ammonia, and melts readily. A preponderance of the calcareous salt diminishes the fusibility, so that at last it may become infusible. *Phosphate of ammonia and magnesia* melts to a sort of enamel, which, mixed before melting with nitrate of cobalt, forms a red grain.

Phosphate of lime burns white, and at last melts, by which it is distinguished from basic phosphate of lime. *Uric acid* should at first be placed in the outer part of the flame, where it gradually diminishes, smelling like burnt horn or prussic acid; at length a period arrives when the residue takes fire, and continues to burn with much splendour after the blast has ceased.

Carbonate of lime is frequently met with as a concretion in herbivorous animals, but is very rare in man; as also are carbonate of magnesia, cystic oxide, and xanthic oxide.

Art. III.—STATISTICS CONCERNING THE ROTATION OF MEDICINES.

The rotation of crops has been a topic of much interest. The history of the rotation of medicines may furnish equal instruction to the physician, by indicating the fluctuations of medical opinion, and the little confidence that ought to be reposed in the views of exclusives.

Mr. Moore, an apothecary of Dublin,[1] has examined the prescriptions in

[1] Dublin Journal, for September, 1836, and British and Foreign Medical Review, No. V.

his establishment—which was commenced by his father, in 1780—in order to judge of the use made of the principal medicines by the most eminent physicians and surgeons of that city. With this view he has divided the entire time into three equal portions, and from each of these he has taken twelve hundred prescriptions, and marked the frequency with which each medicine occurred in them.

Emetics, he finds, were given, in the first period, ten times as often as in the second, and twelve times as often as in the last. Formerly, they were given invariably at the onset of fever, as, in accordance with the theory of Cullen, they took off the spasm of the extreme vessels. Enemata were prescribed, during the last forty years, somewhat less than one half as often as during the first twenty.[1] The period when they were most seldom ordered was about the time when Dr. Hamilton's purging practice was introduced. Local bleeding has made a gradual and steady progress. Blisters and warm plasters have diminished; and the latter have been partly superseded by stimulating liniments, and other modes of counter-irritation. Tartar emetic was constantly given as an emetic in the first period; but, except in its emetic capacity, it is met with most frequently in the third. Kermes mineral (the red sulphuret of antimony) was formerly much used in pneumonia. It has ceased to be employed; but the use of the antimonial and James's powder has increased. The total number of the preparations of antimony is nearly equal in each of the three periods. Opium has kept its ground steadily. Its camphorated tincture (paregoric) has fallen almost into disuse. Hyoscyamus is more used, owing to the extract being so often prescribed in conjunction with blue pill. In the first period the red Peruvian bark was used generally, and in powder. After that, the infusion and tincture of the pale bark; and now sulphate of quinine has, in a great measure, superseded all. Epsom salts have been but recently commonly employed, their place having formerly been supplied by Rochelle salt, sal polychrest, and the sulphate of soda.[2] Nitre has fallen into comparative disuse. Blue pill was found *seventeen* times in the first period; *twenty-nine* in the second; and *one hundred and fifty-six* in the third; owing to Mr. Abernethy's views. The use of mercurial ointment in frictions has much diminished. Jalap has decreased, and rhubarb increased. Ipecacuanha is used much more at present than formerly. Fifty years ago, blisters were seldom dressed with simple ointment, or allowed to heal soon: basilicon, or an ointment of *trifolium melilotus* (common melilot), was employed. The following medicines have undergone a considerable change:—

	First period.	*Second period.*	*Third period.*
Guaiacum,	32	10	2
Camphor,	92	22	52
Colocynth,	19	31	67

These statistical details may suggest reminiscences to some of our venerable readers, which might furnish interesting matter for the physicians of

[1] The editor well recollects, twenty years ago, that it was the custom in country situations, in England, when a dose of salts was ordered for a poor person, to give him an ounce of Glauber's salts; whilst the rich were favoured with the Epsom.

[2] It must be borne in mind, however, that formerly the enemata were more frequently directed to be prepared by the apothecary than at present, and that the syringe has been introduced in place of the *fistula armata*—the bag and pipe—which was, at one time, always prepared by the apothecary.—*Ed.*

this country. For the communication of any such, we should feel unfeignedly thankful.

Art. IV.—ON THE EFFECT OF THE SPIRIT OF TURPENTINE ON CERTAIN SALTS.

BY JOHN REDMAN COXE, M. D.
Formerly Professor of Materia Medica in the University of Pennsylvania.

Dear Sir—Upwards of twenty years ago, whilst professor of chemistry in the University of Pennsylvania, I was much interested in a series of experiments on the subject of crystalisation, more particularly as connected with the sudden crystalisation of a saturated solution of Glauber's salt at the boiling temperature, which was generally considered as remaining fluid if corked up, or in any other way prevented from feeling the influence of atmospheric pressure, but immediately consolidated when the cork was withdrawn from the bottle, or the atmosphere allowed access to the solution. The results of those experiments tended to show, that the usual explanation was altogether inadequate to elucidate the phenomena, and they are given to the public in the sixth volume of Dr. Thomson's Annals of Philosophy, 1818. I merely advert to them, as accessory to other pursuits of the same character, a few of which I offer for your journal, should you deem them deserving of a place therein.

Among several observations that presented themselves to my notice, was one that greatly interested me, and which I believe has not been remarked by any other person; at least I have never met with any remark at all resembling it. In an old medicine chest, that accidentally came into my possession, I found a six ounce phial of spirit of turpentine, at the bottom of which I perceived a beautiful mass of acicular crystals, which, from their general aspect, I supposed to be those of nitrate of mercury; I did not, however, dislodge them for examination, as I was much struck with their extreme beauty, and did not wish to injure them. Having some remarkably fine crystals of that salt, which had spontaneously formed at the bottom of a bottle, I concluded to endeavour to preserve them, by pouring over them some of the spirit of turpentine. I had occasion to leave home for some time; they were placed on a shelf, and forgotten on my return. Some months elapsed before accident brought them to my notice. I was much surprised to find the fluid (colourless when I poured it over them) now become of a deep brown colour, but transparent. On further examination, I found the crystals had disappeared entirely. At the bottom of the phial, I saw a quantity of fluid resembling water, together with a tenacious matter in which a number of brilliant globules were imbedded, resembling metallic mercury, and which I soon discovered was the reality. I was much struck with the fact, which I could not account for; and had not the bottle been inaccessible to others, I should have supposed that some mercury had accidentally been introduced. As this could not be the case, I was led to speculate on the cause of this singular event; and was led to the conclusion that the salt had been actually decomposed by the turpentine, the metal revived, and its water of crystalisation, holding the acid in solution, liberated. I did not follow up the experiments on this salt; but having some fine crystals of muriate of lime which I wished to preserve, I covered them with the turpentine. Here they remained unchanged, during the winter months; but as the warm weather advanced, they gradually liquefied, and ultimately disappeared, leaving only a solution of them in their water of crystalisation.

Several months elapsed ere I resumed the subject; but having again some fine crystals of nitrate of mercury, I determined to expose them again to the turpentine, and to watch the result. I found a change ensuing in a few hours,—the liquor assuming a brown tinge, and metallic mercury, inviscated

in a tenacious matter, appearing, together with a quantity of water of crystalisation at the bottom.

Varying my experiments, I soon found that by dropping a solution of nitrate of mercury into spirit of turpentine a similar result ensued; or by pouring it upon the resin, in a longer or shorter period the same decomposition took place. Metallic globules and water of crystalisation appeared, together with a tenacious matter. I tried the same experiment with some other mercurial salts—as corrosive sublimate, but the same result did not ensue; a dingy dirty hue appeared on the surface of the salt, and was deposited on the sides of the bottle as a crust: the turpentine became dark coloured, but no mercury appeared. These appearances augmented in proportion to the quantity of the materials, and to the time they were suffered to remain in contact.

By pouring the turpentine over red oxide of mercury, a change ensued; the surface of the oxide was covered with a lead-coloured coating, which was apparently a black oxide, or metallic mercury in extreme state of tenuity. I presumed that in this case the peroxide was brought to the state of the protoxide;—no water of crystalisation was perceived, and none indeed could be expected.

I have since found, that, by means of the spirit of turpentine, some extremely beautiful crystals of chromic acid, of a rare purple colour, are well preserved,—even when exposed to the sun,—which, without the turpentine, are soon altered or decomposed. What other salt may be thus preserved, or what other metal might be thus revived, I know not, but consider the facts as novel, and which may possibly lead to others of importance in chemical research.

My minutes on this subject have been mislaid for many years. Accident has lately brought them to light,—and I hope that the facts thus stated will not be unacceptable to your readers.

I am, respectfully, your obedient servant,

Professor Dunglison. JOHN REDMAN COXE.

Philadelphia, March 11th, 1837.

ART. V.—ANIMALCULES IN PURULENT DISCHARGES FROM THE GENITAL ORGANS.

BY M. DONNÉ.

In the sitting of the *Académie Royale des Sciences* of Paris, of the 19th of September last, a letter was read from M. Donné, containing the results of his researches on the fluid of different discharges from the male and female parts of generation, both in the natural and morbid condition.

"The pus secreted around the glans, affected with ulceration or simple balanitis," says M. Donné, "is the only discharge that has exhibited living animalcules, which are the *vibrio lineola* of Müller. The pus secreted in every other part of the body has so far shown nothing similar. Pus, taken from one of the chancres mentioned, and which contained vibrios, having been inoculated, produced a pustule. The liquid obtained from it, examined by the microscope, presented a great quantity of the same vibrios.

"These animalcules do not exist in the vaginal mucus of the female in the healthy state; but in inflammation of the vagina, the matter of the discharge produces not only vibrios, but a peculiar animalcule of a notable size, and of a shape not observed in any known infusory. Its body is round, but it lengthens itself, and assumes various forms. At the anterior part it is furnished with a kind of excessively fine tube, which it agitates rapidly in all directions; and it has, moreover, on one side, beneath the tube, several cilia, also very fine, and possessed of a certain movement of rotation. The posterior part of the body is terminated by some appendices of indeter-

minate form. These animalcules appeared to move forward like leeches, and to attach themselves like them, by means of a kind of sucker; but they rarely detach themselves, are often united in groups, holding themselves together by their hinder part."

M. Donné asks, whether the existence of these animalcules is connected with the nature of the disease and the *speciality* of the discharge? His question can only be answered by fresh and fresh experiments, which, indeed, are necessary in all experiments with the microscope.

Art. VI.—LINIMENT OF ST. JOHN LONG.

It would appear—from recent observations[1] made by Mr. Guthrie, of London—the distinguished surgeon—that, as we have long suspected, the efficacy of St. John Long's liniment is less in the liniment than in its mode of application.

Mr. Guthrie, it appears, having had some of it presented to him for the purpose of trying its effects, selected some cases for its application, and also had it applied to his own person, being affected with a pain in the knee, attended with slight lameness. The experiment was conducted openly at the Ophthalmic Hospital—the liniment being applied by the person who rubbed under Mr. Long. It was used in five cases besides Mr. Guthrie's own, but the disease of one only is stated,—that of a boy who is said to have come up amaurotic from the country. The result of the treatment is thus given by Mr. Guthrie:—"It cured my knee and the boy's eye, and did good to all the remaining four. The liniment seemed to be perfectly mild and harmless, having the appearance of thick yellow cream, and a faint turpentine smell. When applied to the skin, it felt cool and agreeable, and not in the slightest degree stimulating. It was assiduously rubbed on the part by means of a small, soft, round sponge, and, after a sufficient application, the part became red, and finally excoriated and inflamed." Mr. Guthrie attributes the whole effect of the liniment to the mode of its application, and nothing to its own virtues. In proof of this, he had himself rubbed with soapsuds in the same manner as was done with the liniment, and exactly the same result followed. "I should have said, if I had been asked," says Mr. Guthrie, "that the soap lather was the most severe liniment of the two."

This mode of exciting irritation is less sudden than the moxa and the sinapism, but more so than the ordinary blister; and we have no doubt it may be used advantageously in many internal affections. There is certainly such a difference in the action of our revellents, that the place of one cannot in every case be filled, with equal advantage, by another. For a long time it was argued that the moxa acts precisely in the same manner as a blister, and, therefore, that the latter, as being less formidable, ought always to be preferred; but universal experience has shown that such is not the fact, and that there are many cases in which the sudden and vivid revulsion, excited by the moxa, will break in upon morbid conditions, after blisters and the ordinary counter-irritants have been used in vain.

In thoracic affections the liniment of Long is stated to have been employed with signally good effects.

[1] Lancet, November 26, 1836, and British and Foreign and Medical Review, No. V. January, 1837, p. 264.

Art. VII.—ON TYPHUS AND TYPHOID FEVERS.

In the "American Journal of the Medical Sciences" for February last, and in the "Dublin Journal of Medical Science," for January, we have two interesting communications on these important diseases; one by Dr. Gerhard of this city, the other by Dr. Perry, physician to the Glasgow Royal Infirmary.

Dr. Gerhard is disposed to consider the typhoid fever, or typhus mitior, of Great Britain, to be synonimous with the dothinenteritis or follicular gastro-enteritis of the French; whilst he looks upon typhus fever,[1] as a separate and distinct disease, and as, essentially, the affection that prevailed at Philadelphia in the spring and summer of 1836.

Both writers consider that genuine typhus is a contagious affection, whilst dothinenteritis, or the intestinal affection, according to Dr. Gerhard, is not. Dr. Perry expresses his belief, "that contagious typhus is an *exanthematous disease*, and is subject to all the laws of the other exanthemata; that, as a general rule, it is only taken once in a lifetime, and that a second attack of typhus does not occur more frequently than a second attack of smallpox;" "and judging from my own experience," he adds, "less frequently than a second attack of measles or scarlet fever."

They do not agree as to the absence of the follicular affection in typhus; Dr. Gerhard being in favour of it, Dr. Perry not. From a previous article by the latter gentleman we extract the following conclusions.[2]

"That inflammation of the membranes of the brain, of the bronchia, and of the mucous membrane of the stomach and intestines, and various febrile affections arising from cold, fatigue, improper ingesta, &c., and more particularly disease of the aggregated glands of the ileum, and the mucous follicles, often termed *dothinenteritis*, or *gastro-enteritis*, have been too often confounded by medical practitioners with typhus fever, though they are characterised by dissimilar symptoms, and require a very different mode of treatment. . . . . That dothinenteritis, or enlargement of the mucous follicles of the smaller intestines, and enlargement and ulceration of the aggregated glands of the lower third of the ileum, occur in combination with contagious typhus, and are to be met with in about one in six of those who die from typhus. It also exists as a disease *per se*, and is characterised by the following symptoms:—quick, irritated pulse, tongue dry and florid, more particularly at the tip, often fissured in the centre, urgent thirst, partaking of the remittent character; the face is alternately flushed and pale, particularly one or both cheeks. The disease commences frequently with diarrhœa, which lasts from three to four days, when it ceases, and the stools become for a time natural; the patient complains, on pressure, of pain in the epigastric, or in the right and left iliac regions; and the abdomen is slightly tumid, and has a puffy feel. As the disease advances, the patient is often seized with vomiting of a greenish fluid, which is always an unfavourable symptom. The dull suffused eye, frontal headache, low delirium, and decided anorexia, so characteristic of typhus, in nineteen cases out of twenty are in this disease absent.

"The less compressible state of the pulse, the clearness of the eyes, the flushing of the cheeks, the more florid, parched, and fissured state of the tongue, the comparative absence of the frontal headache, and *the complete absence of the typhus eruption*, *sufficiently distinguish* the disease from contagious typhus. To a practised eye, the colour of the face, the flushing of one or both cheeks, the clear eyes, and the irritative state of the pulse, are sufficient to distinguish this diseased state from typhus."

The above propositions Dr. Perry affirms to have been the result of careful

[1] Typhus gravior; ship fever, jail fever, camp fever, petechial or spotted fever.
[2] Edinburgh Medical and Surgical Journal, for January 1836. p. 68.

observation in upwards of four thousand cases, and three hundred necroscopic inspections; and he regards them, with others which he lays down, as facts fully ascertained.

It seems very clear from these and other observations, that dothinenteritis cannot, as was at one time imagined, be regarded as the universal concomitant of every form of ataxic and adynamic fever; and when it is present it is probably more accidental than is imagined by many. It is difficult to admit it to be synonimous with typhoid fever, unless we had the term "typhoid" more clearly defined and understood. There is none, perhaps, which is employed more indeterminately. Dr. Gerhard asserts that typhoid fever, which, as we have seen, he employs synonimously with dothinenteritis, were the only fevers known at Paris for some years past; but that in 1813—14 there occurred a severe epidemic fever, characterised by extreme prostration and strongly marked cerebral symptoms. The epidemic was first noticed amongst the troops who returned from the unsuccessful campaigns of Napoleon in Germany and the east of France, and spread in Paris and other large cities with extreme fatality. This complaint, as Dr. Gerhard remarks, was regarded by some of the French physicians, and amongst these by MM. Louis and Chomel, as identical with the prevailing dothinenteritis; but Dr. Gerhard thinks their opinion was probably erroneous, and that the disease ought perhaps to be looked upon as typhus fever, which, as already remarked, he esteems to be distinct from dothinenteritis. It need scarcely be said, however, that the sentiments of such accurate observers as Louis and Chomel ought not to be lightly disposed of, especially as no pathologists have exhibited themselves better acquainted with the diseases under consideration.

It has been our custom to examine the condition of the mucous surface of the intestinal tube in fatal cases of fever; but our experience does not enable us to pronounce with Dr. Gerhard, that follicular lesion belongs solely to the form of fever which he has described. On the contrary, we have frequently met with it in the remittent fevers of the country,—in those very cases, indeed, in which it has not been witnessed by Dr. Gerhard.

"I examined," he remarks, "the pathological phenomena of our remittent and intermittent fevers of the severe malignant character so frequently observed along the southern coast, and sometimes occurring in those malarious parts of the country which are situated within a short distance of Philadelphia. In all these fevers, the glands of Peyer, as well as the other intestinal follicles, were found perfectly healthy; the large intestine was occasionally but not constantly diseased, while the stomach, and, to a still greater degree, the liver and spleen were invariably found in a morbid condition.

"I made numerous examinations of the bodies of patients who died of the same variety of malignant remittent and intermittent during the summer of 1835, and still more freqently in the epidemic of 1836, a year in which these diseases have been unusually fatal throughout the southern states. The results of these late examinations have confirmed those already obtained, and showed that the follicles of the small intestine are free from lesions, and that the anatomical character of the disease is to be looked for in the spleen, liver, and stomach.

"The bilious and remittent fevers are probably referable to the same class as the malignant remittents, but in yellow fever the disorganisation seems to be most extensive in the stomach, whence arises the black vomit, which forms a characteristic symptom of the disease."—*Amer. Jour.* p. 292.

This certainly does not tally with our observation. In the ordinary

bilious fevers, we have repeatedly met with the anatomical characters that belong to dothinenteritis. The Baltimore Infirmary is a good school for the observation of those affections; and it is well known there, that nothing is more common, in fatal cases of remittent and intermittent fever, than to observe inflammation, or evidence of its having previously existed, in the mucous membrane of the duodenum and stomach, whence the irritation is, doubtless, propagated along the biliary ducts to the liver by continuous sympathy,—the last organ in this manner becoming implicated secondarily. "As far back as 1822," says Professor Geddings—at that time the editor's able colleague as physician to the Baltimore Infirmary, and professor in the University of Maryland—"we had occasion to recognise the enlargement and inflammation of the intestinal follicles of an infant, who died of an attack of autumnal fever, on the second day after the attack, in consequence of the supervention of convulsions. We have repeatedly met with it in those who had died at an early period of bilious remittent, yellow, and typhoid fevers; and wherever fever, whatever may have been its primary form, has been protracted, we do not remember to have seen a case in which some evidence of follicular gastro-enteritis, either in form of enlargement of the follicles, punctuated redness, extravasation, &c., did not exist; obscure, in some cases, it is true, but always sufficiently apparent when the intestine was fairly laid open, carefully cleansed, and held between the eye and a strong light, or examined with a magnifying glass."[1]

The discrepancy in the observations of so many pathologists sufficiently shows how much we have to learn before we can unhesitatingly adopt the nice distinctions in febrile cases that have been attempted.

Clinical Medicine.

In addition to the facilities afforded to medical students in Philadelphia for the study of practical medicine, by attendance on the practice of the hospitals and dispensaries, Dr. W. W. Gerhard, one of the physicians to the Blockley Hospital, a gentleman who has had numerous opportunities for witnessing disease at home and abroad, and has well profited by those opportunities, has commenced a series of lectures on the subject, which include the different physical means of investigating disease by auscultation and percussion, demonstrations of pathological anatomy, and the general diagnosis and treatment of disease. Daily visits are made at the hospital at an early hour in the morning, so as not to interfere with the ordinary business of the day. The students are instructed in the practical application of their knowledge at the bedside of the patients, and afterwards communicate the results of their observations to the instructer. They are also expected to present, from time to time, written statements of such cases as may be pointed out to them. These statements are afterwards examined and any errors which they may contain are corrected.

Case of Snake in the Stomach.

The individual whose case has made so much noise in this community, and given rise to so many miraculous stories, in the public journals, is under the care of the editor in association with Dr. Hatfield, an intelligent physician of this city. The case may afford occasion for some remarks from us hereafter. At this time they would be premature.

[1] Baltimore Medical and Surgical Journal. No. I. for October, 1833, pp. 76.

GRADUATES OF JEFFERSON MEDICAL COLLEGE.

At a public commencement of the Jefferson Medical College, held on the 11th of March, the degree of Doctor of Medicine was conferred on the following gentlemen, by the Rev. Ashbel Green, D. D., LL. D., President of the Board of Trustees.

The subjects of the Theses are placed opposite each name.

ALABAMA.

Josiah T. Evans, Mania a Potu.

DELAWARE.

Louis H. Beatty, Blood-letting.
C. T. Chamberlain, Rachialgitis.
Alexander J. Jones, Marriage.

DISTRICT OF COLUMBIA.

James L. Brooks, On the Urine, &c.
Theo. J. Krouse, Remittent Fever.
Otis McDonald, Inflammation.

GEORGIA.

Wm. J. Anderson, Intermittent Fever.
James M. Green, Bilious Fever.
Thos. J. Johnson, Calorification.
Wm. G. McBride, Specific Medicines.

KENTUCKY.

R. S. Key, Puerperal Fever.
Jas. B. Bush, The Circulation.
P. E. Smith, Acute Hepatitis.
Thos. C. Tebbs, Cholera.

MARYLAND.

James W. Henry, Cinchona.
William H. Howard, Hernia.
Wm. H. Muse, Gonorrhœa.
Hillary Pitts, Acute Rheumatism.
Thos. G. Turton, Rheumatism.
David Trimble, Scrofula.
Jas. Q. Williams, Variola.
Henry Zeller, Bilious Fever.

MISSISSIPPI.

Richard G. King, The Coagulation of the Blood.
D. S. Newell, Cholera.
B. L. Phillips, Inflammation.
H. W. Stackhouse, Tartarised Antimony.

MAINE.

Wm. R. Morrell, Apoplexy.

MASSACHUSETTS.

Thos. H. Browne, Blood-letting.
P. S. Conner, Puerperal Peritonitis.
S. C. Foster, Kreosote.
Thos. Kittredge, Rheumatism.
E. E. Marcy, The Influence of the Mind in curing Diseases.

NEW JERSEY.

Columbus Beach, The Pulse.
Barzillai Gray, Remittent Fever.
Geo. R. Robbins, Croup.
Jno. S. Stout, Acute Hepatitis.
Chas. Skelton, Electricity.
Jno. Wiley, Intermittent Fever.

NEW YORK.

Frederick A. Cadwell, Phthisis.
Edwin Griffin, Concussion of Brain.
Wm. T. Green, Acute Rheumatism.
Thos. K. Kerr, Mediate Auscultation.
Wm. C. Lawrence, Practical Anatomy.
Charles Schussler, Prosopalgia.
Blin S. Sill, Gout.
Jno. W. Stearns, Jr., Chronic Diarrhœa.
Lawrence F. Storm, Arthrosa Acuta.
Daniel Thomas, Masturbation.

NEW HAMPSHIRE.

F. R. Harvey, Rachialgitis.

NORTH CAROLINA.

Daniel McGill, Puerperal Fever.

OHIO.

Dudley Allen, Pleuro-peripneumonia.
Patrick Cassidy, Metaphysics.
Michael Garst, Scarlatina.
Sherman Goodwin, Burns.
Levi G. Harley, Cataract,
James B. Hutchinson, Aphthæ.
Wm. L. Knight, Hydrocephalus.
Wellington Stanbery, Hooping Cough.
Pernett Thomas, Pneumonitis.
Elijah Young, Indigestion.

PENNSYLVANIA.

Alex. Black, Chronic Bronchitis.
Wm. Coryell, Local Diseases.
Jno. M. Cassel, The Science of Medicine.
James Fleming, Sanguinaria Canadensis.
Jonathan H. Gilbert, The Animal Economy.
Isaac W. Garretson, Modus Operandi of Medicines.
S. M. E. Goheen, Rachialgitis.
Howard H. Hopkins, Scarlatina.
Joseph B. Jones, Hydrocephalus.
Joseph C. M. Kane, Cantharides.
Jno. Leaman, Emetics.
Jno. A. Morrison, Typhus.
Jno. C. Murray, Inflammation.
Jno. A. McFarland, Croup.
James McClelland, Aneurism.
Luke V. Newton, Rubeola.
Ely Parry, Diseases of the Teeth.
James L. Reed, Mania.
Ross B. Richardson, Intestinal Veins.
Wm. H. Salter, Intermittent Fever.
Jno. Seiberling, Puerperal Convulsions.
Abraham D. Wily, Acute Rheumatism.
Saml. Webster, Diet.
James W. Wilson, Croup.

RHODE ISLAND.

James H. Eldridge, Iodine.

SOUTH CAROLINA.

Jno. P. Wallace, Typhus.

TENNESSEE.

Samuel S. Coffin, Cholera.
David M. Henning, Malaria.
Jno. A. Jordan, Angina Pectoris.
Jno. H. Marable, Amenorrhœa.
Wm. H. Merriwether, Curved Spine.

VIRGINIA.

Wm. N. Anderson, Diabetes.
Robt. B. Banister, Ulcers.
Robt. L. Blakey, Phlegmasiæ of the Lungs.
James W. Burnett, Compression of the Brain.
Joseph W. Bronaugh, Puerperal Peritonitis.
Albert G. Conway, Fever.
H. W. Chapline, Blood-letting.
E. A. Currie, Intermittent Fever.
P. D. Ewing, Syphilis.
R. H. Edwards, Dysentery.
Robt. T. Gibbs, Indigestion.
Robt. B. Hall, Tetanus.
Josiah J. Janney, Typhus.
Robt. F. Kennedy, Apoplexy.
F. C. A. Kellam, Acute Dysentery.
Wm. D. Lewis, Iodine.
Milton R. May, Phrenitis.
Jno. F. Miller, Diabetes Mellitus.
Richd. McIntosh, Cold.
Geo. L. Nicolson, Malaria.
Thos. W. Neal, Innervation.
Napoleon J. M. Smith, Chronic Hepatitis.
Gustavus A. Tompkins, Flatulent Colic.
Wm. S. Thruston, Stricture of the Urethra.
Geo. S. Thomas, Menstruation.
Lucius T. Wootten, Delirium Tremens.

IRELAND.

Wm. M. Hunter, Hydrocephalus.

UPPER CANADA.

Robt. McLean, Croup.

LOWER CANADA.

David See, Scrofula.
Gabriel Lachance, Cholera.

The Honorary Degree of Doctor of Medicine was then conferred on the following gentlemen:—

H. H. Hayden, Baltimore.—Robt. Thompson, Pennsylvania.—Jno. H. Kain, Connecticut.

The valedictory address, which has been since published by the graduates, was delivered by Professor Dunglison.

Professor Geddings.—We observe by the "Charleston Courier," of the 7th of March, that a new chair of "Pathological Anatomy, and Medical Jurisprudence" has been added to the Medical College of the state of South Carolina, to which Professor Geddings, of Baltimore, has been appointed. The talents of Professor Geddings are of so high an order as to render his appointment valuable to any institution to which he may be attached. We are pleased to see in the Baltimore papers a correspondence between Professor Geddings and the graduates and students of the University of Maryland, which is alike creditable to all the parties concerned.

Employment of Phloridzine in the cure of Intermittents. By Dr. Ch. Van Mons, *Member of the Société des Sciences Médicales et Naturelles, of Bruxelles.*

Phloridzine[1] has been found in considerable quantity in the fresh root of the pear and apple tree. The bark is cut and boiled in water. The decoction is then filtered; and, on cooling, semiopaque, amorphous crystals are deposited. Boiling water is saturated with them, and animal charcoal is added to the solution. It is now filtered and crystalised. Boiling water is again saturated with them, and filtration and refrigeration are again repeated. By allowing the solution to cool slowly, long, transparent and white crystals are obtained. These are the pure phloridzine. It is scarcely soluble in cold water; its taste is bitterish, and reminds one of a weak infusion of columba made in the cold. It experiences no change in the air; may be reduced to a fine powder; is fusible without loss of water, and sublimes.

Phloridzine has been administered in the same manner as the sulphate of quinine; sixteen grains a few hours before the first paroxysm; twelve grains before the second; six before the third, and four before the fourth. In four cases reported by Dr. Van Mons the disease was arrested by the first sixteen grains.[2]

BIBLIOGRAPHICAL NOTICES.

British Annals of Medicine.

We have just received from Messrs. Sherwood, Gilbert & Piper, of Paternoster Row, the publishers, the first number of a weekly medical periodical under this title, which commenced its career in London on the 7th of January last, and which bids fair, we think, to run a successful course. It consists of English communications, some of which we shall lay under contribution, of reviews and miscellanea. The number before us contains an article on the Pathology of Bone by Dr. Hodgkin: Observations on the Urine, by Professor Thos. Thomson, of Glasgow: on Spasmodic Tic, by

[1] From φλοος, "the bark and inner bark;" and ῥιζα, "root." Qu? *Ed.*

[2] Bulletin Médical Belge; Mai 1836.

Dr. Marshall Hall: on the Removal of the Thyroid Gland, by Prof. Liston: on Puncturation for the cure of Hydrocele, by Mr. T. King: and on the presence of Lead in Orange-flower Water, by Mr. Squire.

—

Doane's Edition of Bayle's Anatomy.[1]

This is a most useful little manual for the anatomical student; its chief merits, as the American editor remarks, being great accuracy and conciseness of description combined with a happy arrangement of the subject. Its size adapts it well for the use of the student during his attendance upon lectures and dissections.

The first edition of Bayle's work, which we possess, was translated by Dr. Bennett of London.

—

Goddard's Plates of the Cerebro-Spinal Nerves.[2]

These plates are well adapted for the object contemplated. They are twelve in number, are well executed lithographs, and accompanied with appropriate explanations, and with an index so arranged that any particular nerve can be found on the instant. The author asserts that de does not pretend that the plates are original: on the contrary, he has wisely selected from large and expensive works such figures as were useful to the student, impressing on them the modifications which he thought proper. Originality in such cases would be misplaced.

We recommend this volume to form a part of the library both of the student and practitioner.

—

Quain's Anatomical Plates.[3]

We have just received the forty-third fasciculus of this valuable anatomical work, the price of which, in England, is two shillings. It contains a beautiful plate (No. 37) of the great venous trunks which unite to form the superior vena cava. The internal jugular veins are brought into view by removing the sterno-hyoid, sterno-thyroid, and the lower portion of the sterno-mastoid muscles. The heart and the great vessels arising from its base are exposed by sawing through the clavicles and ribs, and removing the sternum, with the whole anterior wall of the thorax. The second plate exhibits the spinal veins. They are both beautifully executed.

The work will consist of five divisions: the *first* contains the muscles; the *second* will contain the heart and blood-vessels (arteries and veins), with the lymphatic and lacteal vessels; the *third*, the brain and spinal marrow, the nerves and organs of sense; the *fourth*, the organs of digestion, respiration, and secretion, and the *fifth*, the bones and ligaments. It is now in its second division only.

[1] An Elementary Treatise on Anatomy. By A. L. J. Bayle, M. D., Adjunct Professor of the Faculty of Medicine at Paris, &c. &c. Translated from the fourth edition of the French. By A. Sidney Doane, A. M., M. D.; 24mo, pp. 470. New York, 1837.

[2] Plates of the Cerebro-spinal Nerves, with references; for the use of Medical Students. By Paul B. Goddard, M. D., Prosector of Anatomy in the University of Pennsylvania; Member of the Academy of Natural Sciences, of the Philadelphia Medical Society, &c. 4to, pp. 60. Philadelphia, 1837.

[3] A series of Anatomical Plates, in lithography, with references and physiological comments, illustrating the structure of the different parts of the human body. Edited by Jones Quain, M. D. Late Professor of Anatomy and Physiology in the University of London, and William J. E. Wilson. Fol.

Professor J. P. Harrison's Oration.

We have received an interesting oration on the guidance of a sound philosophical spirit in the investigations of medical science, read before the Cincinnati Medical Society, January 4, 1837, by John P. Harrison, M. D., Professor of Materia Medica in the medical department of the Cincinnati College, which was printed by order of the society. It enquires judiciously into the errors incurred by investigators of the animal economy; on the proper mode of avoiding these; and into the importance of the different departments that constitute the science of medicine. We should be disposed to speak still more favourably of this production, might it not be presumed that the kind manner in which the author has spoken of our exertions had suggested the encomium.

Brodie's Lectures on Nervous Affections.[1]

These lectures are three in number. They treat of the theory of local nervous affections, and the principles on which their management should rest; of various forms of local hysterical affections; of the pathology of hysteria, and of the treatment of local hysterical affections. They will be printed entire in the "Library" portion of the next number.

[1] Lectures Illustrative of Certain Local Nervous Affections. By Sir Benjamin C. Brodie, Bart., F. R. S.; serjeant surgeon to the king, and surgeon to St. George's Hospital. 8vo, pp. 88. London, 1837.

The present number of the "American Medical Library" contains the "Treatise on Blood-letting," by Wardrop, which was promised in the prospectus first issued. Dr. Wardrop is well known as the author of Essays on the Morbid Anatomy of the Eye (Edinb. 1808. Lond. 1818); of Observations on Fungus Hæmatodes (Edinb. 1809); of a work on Aneurism (Lond. 1828); and as the biographer of Dr. Baillie, (Lond. 1825).

The article by Dr. Benjamin Babington "On the Morbid Conditions of the Blood," is the first of a series of valuable monographs, to be selected from the best cyclopædias, transactions of societies, &c., which cannot reach the large mass of physicians and surgeons excepting through a publication like this. When a sufficient number shall have been reprinted to form a volume, a title page and index will be furnished.

Of Dr. Stokes's admirable "Lectures on the Theory and Practice of Medicine" much need not be said. Their value may be estimated by the occasional lectures, which have been copied from time to time into the different American periodicals.

N. B. The title-page, table of contents, and index to the different works cannot be given until they are respectively completed.

To our correspondent from White Oak, Georgia, who signs himself "An Old Student," we feel greatly indebted for the kind manner in which he speaks of our exertions in the cause of medical science. On reference to the work to which he alludes in the early part of his letter, he will find that it was never intended to give a detailed account of the different articles of the materia medica. To his suggestion, that the editor would "honour the profession with a work on the Practice of Medicine," he would merely reply, that in addition to the extant works on the subject, and to the one commenced, in the first number of the "Library," a "Treatise on the Practice of Medicine, or a systematic digest of the principles of general and special pathology and therapeutics," in 2 vols. 8vo, is announced from the experienced pen of Professor Geddings, now Professor of Pathological Anatomy and Medical Jurisprudence in the Medical College of the state of South Carolina.